						_			
Fill	in this information to identify your c	ase:							
Del	otor 1 Jose Eduard	do Azero			_				
	otor 2 use, if filing)				_				
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF VIRGINIA						
Cas	se number 20-11542					Check if this is	:		
(If kr	nown)					☐ An amende	ed filing		
								wing postpetition e following date:	chapter
<u>O</u>	fficial Form 106l					MM / DD/ Y	YYYY		
S	chedule I: Your Inc	ome							12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	ır spouse is not filing wi	th you, do not inc	lude infor	mati	on about your spo	ouse. If	more space is	needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	2 or nor	n-filing spouse	
	If you have more than one job,	Employment status	■ Employed			■ Empl	oyed		
	attach a separate page with information about additional employers.		☐ Not employed	I		☐ Not e	mploye	d	
		Occupation	Retired			Occupa	ational	Therapist	
	Include part-time, seasonal, or self-employed work.	Employer's name				Darryl	Frankli	in	
	Occupation may include student or homemaker, if it applies.	Employer's address				331 Pa			
		How long employed ti	nere?				?????	?	
Par	t 2: Give Details About Mor	nthly income							
spoi If yo	mate monthly income as of the duse unless you are separated. u or your non-filing spouse have most espace, attach a separate sheet to	ore than one employer, co		·	•	oyers for that perso	on on the	e lines below. If y	· ·
						For Debtor 1		Debtor 2 or -filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	6,235.67	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.00	\$	6,235.67	

Deb	tor 1	Jose Eduardo	Azero		C	case number (if known)	20-11542				
						For Debtor 1	For Debto	r 2 or			
							non-filing	spouse			
	Сор	y line 4 here		4.		\$0.00	\$	6,235.67			
5.	List	all payroll deduct	tions:								
	5a.	Tax, Medicare,	and Social Security deductions	58	а.	\$ 0.00	\$	983.67			
	5b.	Mandatory cont	tributions for retirement plans	5k	٥.	\$ 0.00	\$	0.00	-		
	5c.	Voluntary contr	ibutions for retirement plans	50	Э.	\$ 0.00	\$	0.00			
	5d.	Required repay	ments of retirement fund loans	50	d.	\$0.00	\$	0.00	_		
	5e.	Insurance		5€		\$ 0.00	\$	0.00	-		
	5f.	Domestic supp	ort obligations	5f		\$ 0.00	\$	0.00			
	5g.	Union dues		50	-	\$ 0.00	\$	0.00			
	5h.	Other deduction	ns. Specify:	5h	า.+	\$ 0.00	+ \$	0.00	-		
6.	Add	the payroll deduc	ctions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 0.00	\$	983.67	-		
7.	Cald	ulate total month	ly take-home pay. Subtract line 6 from line 4.	7.		\$0.00	\$	5,252.00	-		
8.			regularly received:								
	8a.	Net income from profession, or fa	n rental property and from operating a busine	ess,							
			ent for each property and business showing gross	;							
			y and necessary business expenses, and the total								
		monthly net inco	me.	88		\$0.00	\$	0.00			
	8b.	Interest and div		8k	٥.	\$0.00	\$	0.00	-		
	8c.	Family support regularly receiv	payments that you, a non-filing spouse, or a c	dependent							
			spousal support, child support, maintenance, div	orce							
		settlement, and	property settlement.	80	Э.	\$ 0.00	\$	0.00			
	8d.	Unemployment		80	d.	\$ 0.00	\$	0.00			
	8e.	Social Security	•	86	€.	\$ 870.00	\$	0.00	-		
	8f.		ent assistance that you regularly receive						-		
			sistance and the value (if known) of any non-cash								
			such as food stamps (benefits under the Suppleince Program) or housing subsidies.	mentai							
		Specify:	nice Program) or nousing subsidies.	8f		\$ 0.00	\$	0.00			
	8g.	Pension or retir	rement income	80		\$ 0.00	\$	0.00	-		
	8h.	Other monthly i	income. Specify: Contribution from Son			\$ 350.00	+ \$	0.00	-		
		_							¬		
9.	Add	all other income.	Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,220.00	\$	0.00)		
				1							
10.	Cald	culate monthly inc	come. Add line 7 + line 9.	10.	\$	1,220.00 + \$	5,252.00) = \$	6,472.00		
	Add	the entries in line	10 for Debtor 1 and Debtor 2 or non-filing spouse.	. [┚┖			
11.			r contributions to the expenses that you list in								
			om an unmarried partner, members of your house	ehold, your depe	ende	ents, your roommate	s, and				
		other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .									
	Spe		ounts alleady included in lines 2-10 or amounts to	ial are not avail	abic	to pay expenses iis		. +\$	0.00		
									0.00		
12.			e last column of line 10 to the amount in line 1								
	Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it										
	appl	ies					12		6,472.00		
								Combin			
12	Do.	ou expect an inc	rease or decrease within the year after you file	this form?				monthly	y income		
13.	=	No.	icase of decrease within the year after you life	ans ionir							
		Yes. Explain:									
	_										

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0.00

						1		
	in this informat	tion to identify yo	our case:					
Deb	tor 1	Jose Eduard	lo Azero			Ch	neck if this is:	
Doh	tor 2						•	vina nactuatitian abantar
	ouse, if filing)							wing postpetition chapter the following date:
Linit	ad Ctatas Danks	untary Court for the	· EASTE	DN DISTRICT OF VIRCIN	110		MM / DD / YYYY	
Unit	ed States Bankri	uptcy Court for the	. EASIE	RN DISTRICT OF VIRGIN	IA		IVIIVI / DD / TTTT	
1		-11542						
(IT KI	nown)							
	cc	400				•		
		rm 106J						
		J: Your						12/15
				. If two married people ar ich another sheet to this				
		n). Answer ever				,,	,	,
Par	t 1: Descr	ibe Your House	hold					
1.	Is this a join	it case?						
	No. Go to	line 2.						
	☐ Yes. Doe	s Debtor 2 live i	in a separ	ate household?				
	□ No	-						
	☐ Ye	es. Debtor 2 mus	st file Offici	al Form 106J-2, Expenses	for Separate House	ehold of De	ebtor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list De	ebtor 1 and	☐ Yes.	Fill out this information for	Dependent's relati		Dependent's	Does dependent
	Debtor 2.			each dependent	Debtor 1 or Debto	r 2	age	live with you?
	Do not state							□No
	dependents	names.						☐ Yes
								□ No
					-			□ Yes □ No
								□ No □ Yes
								□ No
								□ Yes
3.	Do vour exp	enses include	_	No				□ res
	expenses of	f people other t	han $_{oldsymbol{\sqcap}}$	Yes				
	yourself and	d your depende	nts?	163				
Par		ate Your Ongoi						
				uptcy filing date unless y y is filed. If this is a supp				
•	licable date.	date after the i	Janiki apto	y io med. ii uno io a capp	nemental concaute	, o, oncon	the box at the top c	
Incl	lude exnense	s naid for with I	non-cash	government assistance i	f vou know			
				cluded it on Schedule I: Y				
(Of	ficial Form 10	6I.)					Your exp	enses
4.	The rental o	r home owners	hin avnan	ses for your residence.	nclude first mortaga	•		
٦.		id any rent for the			noidde mat mortgagt	4.	\$	1,872.00
	If not includ	ed in line 4:						
							•	
		estate taxes rty, homeowner's	e or renter	'e ineurance		4a. 4b.	· ·	0.00
	•	•	•	ipkeep expenses		40. 4c.		0.00
		owner's associat	•			4d.	· -	120.00

5. Additional mortgage payments for your residence, such as home equity loans

Deb	tor 1	Jose Eduardo Azero	Case num	ber (if known)	20-11542
6.	Utilit				
	6a.	Electricity, heat, natural gas	6a.	\$	140.00
	6b.	Water, sewer, garbage collection	6b.	\$	60.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	170.00
	6d.	Other. Specify:	6d.	\$	0.00
7.	Food	l and housekeeping supplies	7.	\$	500.00
8.	Child	dcare and children's education costs	8.	\$	0.00
9.	Cloth	ning, laundry, and dry cleaning	9.	\$	120.00
10.	Pers	onal care products and services	10.	\$	150.00
11.	Medi	cal and dental expenses	11.	\$	250.00
12.	Trans	sportation. Include gas, maintenance, bus or train fare.			
		ot include car payments.	12.	·	120.00
		rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	75.00
14.	Char	itable contributions and religious donations	14.	\$	50.00
15.		rance.			
		ot include insurance deducted from your pay or included in lines 4 or 20.	45.	•	
		Life insurance	15a.	·	0.00
		Health insurance	15b.		0.00
		Vehicle insurance	15c.	·	0.00
		Other insurance. Specify:	15d.	\$	0.00
16.		s. Do not include taxes deducted from your pay or included in lines 4 or 20.	40	¢.	
47	Spec	·	16.	\$	0.00
17.		Illment or lease payments: Car payments for Vehicle 1	170	¢.	0.00
		• •	17a.	·	0.00
		Car payments for Vehicle 2	17b.		0.00
		Other. Specify:	17c.		0.00
40		Other. Specify:	17d.	Ф	0.00
18.		payments of alimony, maintenance, and support that you did not report as acted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
10		r payments you make to support others who do not live with you.		\$	0.00
10.	Spec		19.	·	0.00
20	•	r real property expenses not included in lines 4 or 5 of this form or on Sche		ur Income	
_0.		Mortgages on other property	20a.		0.00
		Real estate taxes	20b.		0.00
		Property, homeowner's, or renter's insurance	20c.	·	0.00
		Maintenance, repair, and upkeep expenses	20d.	· -	0.00
		Homeowner's association or condominium dues	20e.		0.00
21			21.	·	
۷١.				+\$	515.00
		b's second car payment (Ford Edge)		·	480.00
		's 3rd car payment (Ford Ranger)		+\$	360.00
	wite	's car insurance		+\$	329.00
22.	Calc	ulate your monthly expenses			
	22a.	Add lines 4 through 21.		\$	5,311.00
		Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Add line 22a and 22b. The result is your monthly expenses.		\$	5,311.00
	0. /	I I I I I I I I I I I I I I I I			3,311.00
23.		ulate your monthly net income.			
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	6,472.00
	23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	5,311.00
					, , ,
	23c.	Subtract your monthly expenses from your monthly income.		•	4 404 00
		The result is your monthly net income.	23c.	\$	1,161.00
24.	For ex	ou expect an increase or decrease in your expenses within the year after you know to you expect to finish paying for your car loan within the year or do you expect your ication to the terms of your mortgage?			ease or decrease because of a

Jose Eduardo Azero 13930 New Braddock Road Centreville, VA 20121

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Saint Cloud, MN 56302-9617

Atlas Acquisitions, LLC Assignee of Credit One Bank 294 Union St Hackensack, NJ 07601 Jefferson Capital Systems, LLC PO Box 7999 Saint Cloud, MN 56302-9617

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Jefferson Capital Systems, LLC PO Box 7999 Saint Cloud, MN 56302

Clean-Side,Inc Serve: Rima Misleh, Reg. Agent 2073 Madrillon Rd Vienna, VA 22182 Merrick Bank c/o Resurgent Capital services PO Box 10368 Greenville, SC 29603-0368

Coleman & Wood 10007 Cotton Farm Rd Fairfax, VA 22032 Pnc Mortgage Attn: Bankruptcy Po Box 8819 Dayton, OH 45401

County of Fairfax Serve: County Attorney 12000 Govt. Center Pkwy, #549 Fairfax, VA 22035 Recivable Management Services. LLC Attn: Bankruptcy 240 Emery Street Bethlehem, PA 18015

County of Fairfax Office of County Attorney 12000 Govt. Center Pkwy, #549 Fairfax, VA 22035 Singleton's Grove HOA 13998 Park East Circle Chantilly, VA 20151

First Savings Bank Attn: Bankruptcy Po Box 5019 Sioux Falls, SD 57117 West Capital Financial Service Serve: Secretary of Commonweal 5775 Roscoe Court San Diego, CA 92123

I C System Po Box 64378 Saint Paul, MN 55164

Inova Healthcare Services Serve: CT Corp Sys., Reg. Agen 4701 Cox Rd, Suite 285 Glen Allen, VA 23060